because it is a testimonial to the needs of adequate nutritional management of patients with cancer but also because it gives good advice on how to prepare and present table foods and nutritional supplements so that they are made more appealing and palatable to these patients and are better assimilated. Also, the manuscript has most available nutritional products presented in tabular form listing the ingredients, nutritive value, indications for use and costs. This table is valuable, and I recommend it to readers as a good reference for use when setting up a nutritional plan, the goal of which is to maintain optimum nutrition during oncologic therapy in order to give the patient the best opportunity for response to cancer treatment with minimal morbidity and to improve the quality of life.

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Irrationality in Personal or Public Responsibility for Health

AMONG THE MANY CONFUSIONS that characterize the field of health today are the admitted public responsibility for health on the one hand and a growing determination by many persons to make their own decisions about what will or will not be done in their medical and health care on the other. A variation on this theme is found in a case report, "Scurvy Resulting From a Self-Imposed Diet," in this issue. The report describes the case of a 43-year-old woman who produced serious illness in herself by a self-imposed diet which she continued against the advice of others including her physicians. The illness eventually required admission to hospital for ten days—a situation no doubt resulting in considerable cost and one that might be regarded as a preventable contribution to the rising cost of medical care.

While it may be argued that this patient's illness was mental and that her self-imposed diet was a manifestation of this, the fact remains that scurvy is a preventable illness and that the onset of scurvy was not prevented in this case. Even after good medical advice it was the patient's decision to continue with a self-imposed diet which was inadequate, and the additional fact remains that an unnecessary cost affecting the public was incurred.

These are times of considerable government emphasis on prevention, the government having convinced itself that if this can be accomplished the cost of medical care will be reduced substantially, perhaps even dramatically. This approach has been pursued with some vigor. At first physicians were blamed for not paying enough attention to prevention. More recently an awareness is developing that human behavior and the human environment may have more to do with prevention of human illness than anything else. But it has yet to be realized that as more prevention is achieved, people will remain in the health care system longer, eventually compensating for whatever cost savings prevention may have engendered.

Complex issues of public and personal responsibility for health, health care and prevention are all present in the cited case. Human behavior can and does thwart many, and perhaps most, efforts at controlling health care costs—whether by a person insisting upon deeply inhaling cigarette smoke or driving an automobile recklessly at high speeds, or by assuming one knows best what is good for one's body when such may not be the fact.

Perhaps the lesson to be learned here is that people, whether persons who seek to make their own decisions about their own health, or governments which admittedly have responsibilities for health and for protecting the public purse, do not always behave rationally, particularly when they are convinced that they are right and everyone else is wrong. It is likely in our society that the right of a person to do as he or she wishes with his or her own body will gain more recognition rather than lose it. It is also likely that when poor health decisions are made, wherever, the cost will continue to be shared by all of us. It may just not be possible to curtail health care costs without curtailing health care services which may be needed. Nor is it likely that much can be done about irrationality.

—MSMW